

MASSACHUSETTS CASUALTY

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DISABILITY INCOME PROPOSAL  
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CUSTOMIZED PROTECTION FOR: ERIC JEFFRIES

Presented By: BOB EDWARDS

DATE: 4/04/96  
BOB EDWARDS

AI 0004

MASSACHUSETTS CASUALTY INSURANCE COMPANY  
DISABILITY INCOME PROPOSAL  
PREPARED FOR: ERIC JEFFRIES

Prepared By: BOB EDWARDS

AGE: 34

Prepared On: 4/04/96

PREFERRED RATE

BASIC POLICY BENEFITS  
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MONTHLY BENEFIT FOR TOTAL DISABILITY .....\$8,815

After you have been disabled due to an accident or sickness for 90 days you will receive \$8,815 per month, while disabled, to age 65, but not less than 42 months.

If commencement is:

- (a) on or after age 63 but prior to age 64 payments continue for 36 months,
- (b) on or after age 64 but prior to age 70 payments continue for 30 months, and
- (c) on or after age 70, benefits are payable for 15 months.

POTENTIAL BENEFIT.....\$3,252,735

If you become totally disabled today and remain totally disabled until age 65, you will receive \$3,252,735 in base policy benefits.

PRESUMPTIVE DISABILITY BENEFIT.....\$8,815

You will receive \$8,815 per month from the first day of loss for the benefit period if you suffer a loss of use of two members, a loss of speech or a loss of hearing before age 65 that lasts for at least 90 days. This benefit is payable each month even if you continue to work in your own or any other occupation.

DOUBLE DISMEMBERMENT/LOSS OF SIGHT.....\$132,225

In addition to a monthly benefit of \$8,815, which is payable from the first day of loss, for the benefit period, you will receive a capital sum payment of \$132,225 if you suffer a loss of sight or double dismemberment prior to age 65. The capital sum and monthly benefit are payable even if you continue to work.

NON-DISABLING INJURY BENEFIT.....\$1,500

Up to \$1,500 is payable to reimburse you for the cost of certain expenses incurred for the treatment of injuries, when you are not eligible for benefits under any other provision of your policy. The benefit is payable for expenses incurred as a result of such injuries, for physician visits, X-rays, or outpatient care in a hospital or other medical facility, provided these expenses are not covered under any prior policies issued by MCIC. This benefit is payable for each separate accident you sustain.

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SELECTED POLICY FEATURES  
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NON-CANCELLABLE & GUARANTEED RENEWABLE TO AGE 65  
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As long as you pay the premiums on the summary page, THE COMPANY CANNOT:

- \* increase the premium;
- \* reduce the benefits;
- \* change any provision or add any restrictions;
- \* cancel the policy.

You can continue this policy after age 65 for life if you continue to be employed on a full-time basis (at least 30 hours a week).

DEFINITION OF TOTAL DISABILITY  
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You will be considered totally disabled if you are substantially unable to perform the material duties of your regular occupation, trade or profession.

WAIVER OF PREMIUM  
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After you have been disabled for 90 days, future premiums will be waived for as long as you remain totally disabled. In addition, any premiums paid for or during that 90 day period will be refunded to you.

REHABILITATION BENEFIT  
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If you choose to participate in an agreed upon program of vocational rehabilitation during a period of total disability, we will pay for the cost of the program as agreed upon in addition to any other monthly benefits you qualify for under this policy. Participation in such a program will not of itself be considered a recovery from total disability.

COSMETIC/TRANSPLANT SURGERY COVERAGE  
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If you become totally disabled as a result of the transplant of part of your body to the body of any other person, or as a result of surgery to improve your appearance or to correct a disfigurement, it will be treated as a sickness under the terms of the policy.

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SELECTED POLICY FEATURES - CONTINUED  
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POLICY EXCLUSIONS  
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No benefits are payable for a loss which starts within 2 years after coverage becomes effective and results from a pre-existing condition not fully disclosed in the application for the policy. No benefits are payable for a loss or disability caused by war, or acts of war, or an injury or sickness which occurs while you are on scheduled full-time active duty in the armed forces. Disabilities due to normal pregnancy are covered as a sickness after the later of 90 days or the waiting period selected. If a Total Disability or other covered loss is due to a Mental Disorder and/or Substance Use Disorder, the number of months for which any benefits for Total Disability shall be payable under the Policy during the lifetime of the Insured shall not exceed in the aggregate a total of 24 months.

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OPTIONAL BENEFIT RIDERS  
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OPTION TO INCREASE MONTHLY BENEFIT  
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You may increase the amount of monthly benefit on each anniversary prior to your 58th birthday in minimum amounts of \$100. The total amount of increases may not exceed \$2,000, and no evidence of medical insurability is required to receive an increase. After age 46, up to one-third of the initial rider amount ( \$666), or remainder thereof, may be exercised in any one year.

RESIDUAL DISABILITY BENEFIT  
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You are residually disabled after your waiting period of 90 days if you have a loss of earnings of at least 20% and are receiving appropriate care by a physician (which will be waived if deemed unnecessary). The waiting period can be satisfied with either residual or total disability. No period of total disability is required to qualify for residual benefits.

Monthly benefits payable are based on the percentage of income you have lost as a result of your disability. During the first six months you are residually disabled, your minimum benefit will be \$4,407 per month.

If you suffer a loss of earnings of 75% or more it will be considered a total disability and you will receive \$8,815 for each month. After the waiting period has been satisfied, no time or duties loss is required to receive benefits. Residual benefits are payable for the maximum benefit period, but not beyond age 65. This rider includes an unlimited return to work provision and indexing of pre-disability earnings.

MASSACHUSETTS CASUALTY INSURANCE COMPANY  
PREMIUM SUMMARY  
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PREPARED BY: BOB EDWARDS

PREPARED FOR: ERIC JEFFRIES  
PLAN: Policy Form A&S 3000  
OCCUPATION CLASS: P

AGE: 34  
PREFERRED RATE  
DATE: 4/04/96  
LEVEL RATE

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MONTHLY BENEFIT: \$8,815  
BENEFIT PERIOD: TO AGE 65  
WAITING PERIOD: 90 DAYS

THE POTENTIAL VALUE OF THE PROPOSED BASE POLICY COVERAGE IS \$3,252,735 IF  
YOU BECOME DISABLED TODAY AND REMAIN TOTALLY DISABLED TO AGE 65.

	ANNUAL PREMIUM
TOTAL BASE PREMIUM PRIOR TO DISCOUNT.....	\$2,524.30

OPTIONAL RIDER PREMIUMS:

RESIDUAL DISABILITY BENEFIT.....	498.05
OPTION TO INCREASE BENEFIT.....	63.00

OPTIONAL BENEFIT RIDER PREMIUMS PRIOR TO DISCOUNT:.....	\$561.05
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TOTAL PREMIUM PRIOR TO DISCOUNT:.....	\$3,085.35
SELECT RISK DISCOUNT:**.....	304.34
MUTIPLE RISK DISCOUNT:.....	417.14

TOTAL DISCOUNTED ANNUAL PREMIUM:.....	\$2,363.87
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OTHER PAYMENT MODES-(DISCOUNTED):

Semi-Annual.....	\$1,181.94
Quarterly.....	\$590.97
Monthly.....	\$196.99

\*\* (BASED ON SUBMITTING APPROPRIATE FINANCIAL DOCUMENTATION)

The basic monthly benefit amount is increased by 10% when premiums are paid annually from inception date.

The foregoing illustrates some of the features of Policy Series 3000 and Optional Coverages. The actual provisions of the policy and riders issued will control.

MASSACHUSETTS CASUALTY INSURANCE COMPANY  
A SUMMARY OF ALTERNATIVE PLANS

Prepared By: BOB EDWARDS

Prepared For: ERIC JEFFRIES

The following illustration shows how much the disability plan you have selected would cost at various benefit period and waiting period combinations. The plan you have selected is underlined.

30 DAY ELIMINATION PERIOD

Benefit Period:	15 MTHS	30 MTHS	60 MTHS	Age 65	LIFE
ANNUAL PREMIUM	\$2,227.99*	\$2,553.51*	\$3,275.10	\$5,250.10	\$6,071.03

60 DAY ELIMINATION PERIOD

Benefit Period:	15 MTHS	30 MTHS	60 MTHS	Age 65	LIFE
ANNUAL PREMIUM	\$1,325.84*	\$1,554.32*	\$2,054.59	\$3,440.97	\$3,839.79

90 DAY ELIMINATION PERIOD

Benefit Period:	15 MTHS	30 MTHS	60 MTHS	Age 65	LIFE
ANNUAL PREMIUM	\$926.33*	\$1,081.88*	\$1,529.61	\$2,363.87	\$2,788.08

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180 DAY ELIMINATION PERIOD

Benefit Period:	15 MTHS	30 MTHS	60 MTHS	Age 65	LIFE
ANNUAL PREMIUM	\$754.09*	\$871.05*	\$1,197.46	\$1,988.24	\$2,350.73

365 DAY ELIMINATION PERIOD

Benefit Period:	15 MTHS	30 MTHS	60 MTHS	Age 65	LIFE
ANNUAL PREMIUM	\$723.35*	\$830.57*	\$1,098.52	\$1,814.04	\$2,162.54

730 DAY ELIMINATION PERIOD

Benefit Period:	15 MTHS	30 MTHS	60 MTHS	Age 65	LIFE
ANNUAL PREMIUM	---	\$789.62*	\$980.54	\$1,533.88	\$1,854.43

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\*\*\*THE PREMIUMS ILLUSTRATED REFLECT THE MULTIPLE RISK DISCOUNT.

\*\*\*THE PREMIUMS ILLUSTRATED ARE BASED ON SUBMITTING APPROPRIATE FINANCIAL DOCUMENTATION.

\* Please note: The Residual Disability Rider is not available with the 15 month and 30 month benefit periods.

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